

FILED

JUL - 3 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

(PR)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

MMC

Benjamin Anderson

Plaintiff,

vs.
James E. Tilton, Secretary (CTF)
Ben Curry, Warden (CTF)
Dr. Khaja, Psychiatrist (CTF)
Et. Al.

Defendant.

CASE NO. _____

08 3204
PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, Benjamin Anderson, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: none Net: none
unemployed
Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned, specify the last place of
2 employment prior to imprisonment.)

3 Los Angeles County Medical Center

4 October, 2003

5 \$1,400 per month

6 2. Have you received, within the past twelve (12) months, any money from any of the following
7 sources:

8 a. Business, Profession or Yes ___ No X

9 self employment

10 b. Income from stocks, bonds, Yes ___ No X

11 or royalties?

12 c. Rent payments? Yes ___ No X

13 d. Pensions, annuities, or Yes ___ No X

14 life insurance payments?

15 e. Federal or State welfare payments, Yes ___ No X

16 Social Security or other govern-

17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
19 received from each.

20 not applicable

22 3. Are you married? Yes ___ No X

23 Spouse's Full Name: none

24 Spouse's Place of Employment: not applicable

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ not applicable Net \$ not applicable

27 4. a. List amount you contribute to your spouse's support: \$ none

28 b. List the persons other than your spouse who are dependent upon you for support

none

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

none

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes ☐ No ☒
na na

Make na Year X Model na

Is it financed? Yes ☐ No ☒ If so, Total due: \$ none

Monthly Payment: \$ none

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: not applicable

Present balance(s): \$ none

Do you own any cash? Yes ☐ No ☒ Amount: \$ none

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses? incarcerated inmate

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts: none

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>na</u>	\$ <u>0</u>	\$ <u>0</u>
<u>na</u>	\$ <u>0</u>	\$ <u>0</u>
<u>na</u>	\$ <u>0</u>	\$ <u>0</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom

they are payable. Do not include account numbers.) not applicable

1 not applicable

2 _____

3 10. Does the complaint which you are seeking to file raise claims that have been presented in
4 other lawsuits? Yes ____ No X

5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which
6 they were filed.

7 none

8 _____

9 I consent to prison officials withdrawing from my trust account and paying to the court the
10 initial partial filing fee and all installment payments required by the court.

11 I declare under the penalty of perjury that the foregoing is true and correct and understand
12 that a false statement herein may result in the dismissal of my claims.

13
14 June 18, 2008

15 DATE

16 
17 SIGNATURE OF APPLICANT

REPORT ID: TS3030 .701

REPORT DATE: 04/08/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU APR. 08, 2008

ACCOUNT NUMBER : K91382

BED/CELL NUMBER: CFCWT1000000118L

ACCOUNT NAME : ANDERSON, BENJAMIN

ACCOUNT TYPE: I

PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
03/25/2008	H114	COPAY FEE, MED.	3104 85459	5.00
04/04/2008	H118	LEGAL COPIES HOLD	3180 LCOPY	0.40

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	5.40	0.00

CURRENT
AVAILABLE
BALANCE

5.40-